



1969 Central Avenue  
Lake Station, IN 46405  
Phone (219) 962-2081 Fax (219) 963-9275  
Clerk Treasurer: Joseph Castellanos

**BUSINESS LICENSE APPLICATION - MUST RETURN WITH INVOICE & PAYMENT**

Date of Application: \_\_\_\_\_ License No. \_\_\_\_\_

Name of Business: (Please Print) \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of business: Sec 4-93.c. Description of building, equipment and specialized machinery in use at each location within the City and a description of the business related activities at each such location; Please List:

Sec 4-93.d. A statement of those explosives, hazardous, flammable, infectious or otherwise dangerous material or substance kept at any location in substantial quantity and whether the business applicant holds any permit or license by any agency of the State or Federal Government for the possession, storage and use of same. If such permit or license is held by the applicant, a copy shall be provided with and attached to this application. Application process may take a minimum of ten (10) days for inspection and/or approval.

PROPERTY OWNER: Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BUSINESS OWNER: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

I, \_\_\_\_\_ understand that I must comply with all City, State and Federal  
Signature Required Codes and Zoning Laws. Make Checks Payable to: City of Lake Station Application  
fee: \$50.00 Non-Refundable Application must be filled out completely and signed to be approved. **City**  
**to complete section below:**

Date of Inspection: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Zoning Officer: \_\_\_\_\_ If denied please state reasons. \_\_\_\_\_